

**PART B—ISSUE FEE TRANSMITTAL**

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

<b>1. CORRESPONDENCE ADDRESS</b>  Express Mail No.: EM301071704 Mailed: August 17, 1995  <div style="text-align: right;">F3M1/0613</div> MASON & ASSOCIATES, P.A. MANGROVE BAYN OFFICE CENTRE 17757 U.S. HWY. 19 NORTH, STE. 500 CLEARWATER, FL 34624	<b>2. INVENTOR(S) ADDRESS CHANGE</b> (Complete only if there is a change) INVENTOR'S NAME  Street Address  City, State and ZIP Code  CO-INVENTOR'S NAME  Street Address  City, State and ZIP Code
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☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/108,036	08/17/93	003	BENNETT, C	3307 06/13/95

First Named Applicant: BONATI, ALFRED O.

TITLE OF INVENTION: CERVICAL DISCECTOMY INSTRUMENTS (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 831.10(3)	604-164.000	M47	UTILITY	NO	\$1210.00	09/13/95

<b>3. Correspondence address change</b> (Complete only if there is a change)	<b>4. For printing on the patent front page</b> , list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 <u>Joseph C. Mason, Jr.</u> 2 <u>Ronald E. Smith</u> 3 _____

DO NOT USE THIS SPACE

BS40045 09/22/95 08108036 13-1992 040 142 1,210.00CH

<b>5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT</b> (print or type) (1) NAME OF ASSIGNEE: <u>B.E.I. Medical</u> (2) ADDRESS: (CITY & STATE OR COUNTRY) <u>83 Hobart Street</u> <u>Hackensack, NJ 07601</u>		<b>6a. The following fees are enclosed:</b> <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <b>6b. The following fees should be charged to:</b> DEPOSIT ACCOUNT NUMBER <u>13-1992</u> (ENCLOSE PART C) <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) <u>Ronald E. Smith</u> (Date) <u>8/17/95</u> NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.
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A. ☐ This application is NOT assigned.  
☒ Assignment previously submitted to the Patent and Trademark Office.  
☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.  
**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

**1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE**

## Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE  
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on August 17, 1995  
(Date)

Jacqueline Hand  
(Name of person making deposit)

Jacqueline Hand  
(Signature)

8/17/95  
(Date)

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